



October 18, 2021

Web Announcement 2611

Attention Provider Type 12 (Hospital, Outpatient): Cognitive Assessment and Care Planning Procedure Code 99483 May Be Billed

Effective with claims with dates of service on or after July 1, 2021, provider type 12 (Hospital, Outpatient) may bill Current Procedural Terminology (CPT) code 99483 (Assessment of and Care Planning for Patient with Cognitive Impairment, typically 50 minutes) for recipients age 55 and older. No prior authorization is required unless the limitation of once per 180 days is exceeded.

Claims for procedure code 99483 submitted by PT 12 that are denying with error codes 3340 (Service not covered by Nevada Medicaid) or 4801 (No billing rule for procedure) will be automatically reprocessed to adjudicate correctly. The impacted claims had dates of service on or after July 1, 2021, and were processed on or after July 1, 2021, through October 18, 2021. A future web announcement will report the results of the reprocessed claims.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.